

High-Risk Team Release of Information

I understand members of the High-Risk Team (HRT) have an obligation to keep my personal information, identifying information, and records confidential. The HRT may include representatives from the following agencies:

911 DISPATCH	LAW ENFORCEMENT
PROSECUTION	COURT PERSONNEL
PROBATION & PAROLE SERVICES	LOCAL JAIL & STATE PRISON
LOCAL DOMESTIC VIOLENCE/SEXUAL ASSAULT PROGRAM(S)	BATTERER INTERVENTION PROGRAM

I [VICTIM NAME] authorize [HRT MEMBER NAME] of [HRT MEMBER AGENCY] to verbally share with all HRT members the information I have checked below:

I understand by signing this form I agree to the following:

- ☐ Signing the HRT Release of Information form is completely voluntary.
- ☐ Releasing personal information about myself can provide enough information to confirm that I have been receiving services from [HRT MEMBER AGENCY]
- ☐ The risks and benefits of releasing the confidential information to the HRT have been provided to me.
- ☐ I will need to sign another written, time-limited release of information for [HRT MEMBER AGENCY] to discuss additional or other pertinent information regarding my case and services received.

The HRT Release of Information is valid for a period of: _____ days (or until use specific date). If additional time is necessary to meet the purpose of this release, I understand the need to sign a new release form or choose to extend this same release form by signing the extension of release period section below.

I understand the HRT Release of Information Form is valid after I sign. And, at any time, I may withdraw my consent either verbally or in writing.

Date and Time

Signature

Date and Time

HRT Coordinator Signature

Extension of Release Period

I understand I am extending the release period by _____ days (or until, use specific date). This extension applies to the same information authorized under the initial release. I understand the HRT Release of Information Form is valid after I sign. And, at any time, I may withdraw my consent either verbally or in writing.

Date and Time

Signature

Date and Time

HRT Coordinator Signature